



## 90-day Transition Meeting

---

Child's Name:

D.O.B.

Meeting date:

Outcome for this meeting:

Options for placement/program/services:

Summary of current services and needs:

| Next Steps | Person Responsible | Date to start | Date to complete |
|------------|--------------------|---------------|------------------|
|            |                    |               |                  |
|            |                    |               |                  |
|            |                    |               |                  |
|            |                    |               |                  |
|            |                    |               |                  |
|            |                    |               |                  |

### Persons Attending Transition Meeting

| Name | Title | Phone |
|------|-------|-------|
|      |       |       |
|      |       |       |
|      |       |       |
|      |       |       |

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 90-day Transition Meeting

**Child's Name/DOB/Meeting Date:** Indicate the first and last name of the child, the child's month/day/year of birth, and the date of the meeting.

**Outcome for this meeting:** List the reason for developing the transition plan and outcomes desired for child and family. For example, the child is performing at age level and is exiting EI/ILP or the child is approaching age three and has been referred for preschool special education and related services. An example of outcomes: Parents are informed of placement options and team responsibilities for next steps are clear.

**Options for placement/program/services:** List the options discussed at the meeting

**Summary of current services and needs:** Describe the services the child now receives and list anticipated needs, including strategies to prepare the child for transition and services recommended for the child's continued developmental progress.

**Next steps:** List what needs to happen for the child to successfully transition from EI/ILP. Examples might be to have the service coordinator complete an updated assessment, to visit a classroom in the school district or visit a local community toddler group.

**Person responsible:** List who will be responsible to see that each step occurs. More than one person may be listed in each box.

**Date to start/Date to complete:** List the date to start and the estimated date of completion.

## **Persons attending the 90 day transition meeting**

Purpose: Serves as record of persons who attended the transition meeting.

List the name, title, and telephone number of each participant. Persons required at all transition meetings are the family service coordinator and parent. If the child has been referred to their local school district for determination of eligibility, a representative of the child's school district must also attend. If an individual is unable to participate in person, attendance by teleconference may be an option.

**Parent Signature and Date:** This serves as a record of participation in the meeting.